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**Course Intent to Apply Form**

**Optical control of brain functioning with optogenetics and wave front shaping**

**Please send it back by email to Valentina EMILIANI :** [**valentina.emiliani@parisdescartes.fr**](mailto:valentina.emiliani@parisdescartes.fr)

**Applicant:**

**Title**……………………………………….

**First Name**……………………………..

**Last Name**………………………………

**Gender**……………………………………

**Affiliation/Organization**………………………………..

……………………………………………………………………….

**Department**…………………………………………………...

**City**…………………………………………………………………

**Country**………………………………………………………….

**Email**………..…………………………………………………....

**Lab head**

**First name**……………………………………….

**Last name** ………………………………………..

**How did you learn about the course?**

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**Brief statement of interest (**400 word max**)**